

FISH TESTING REQUEST FORM

The following information will be reviewed by representatives of the Departments of Environmental Protection, Public Health, and Fish and Game to reach a decision regarding the need for the state to conduct freshwater fish toxics testing. Please answer these questions to the extent possible.

1. Name of the pond/lake/river: _____
2. Location (city/town): _____
3. Why do you think that testing is necessary? _____

4. If known, what type of testing is requested? Please state what chemical(s) or compounds are suspected: _____

5. Do you know of any private testing that has been done at this location? If so, please submit the results, including the quality assurance and control data: _____

6. Do you and your family fish at this location? (Please check one):

Yes___ No___
7. Please estimate how many fish meals you and your family consume over the course of a year that include fish caught at this location? (Please check one):

0___ One (1) Meal a Month___ 2-4 Meals a Month___
8. What kind of fish do you eat from this location? _____

FISH TEST REQUEST FORM (CONTINUED)

9. Please note below any additional information you think might be useful in reviewing this request (Example: known or suspected pollution sources):

Your Name: _____

Address: _____

Telephone: _____

Thank you for taking the time to provide us with this information. February 1 is the annual deadline for submitting a request. We will consider your request and respond to you in mid to late February.

Please return this form to:

Robert Maietta
Department of Environmental Protection
Watershed Management
627 Main Street, 2nd Floor
Worcester, MA 01608